

**STATE OF MONTANA  
BOARD OF PUBLIC ACCOUNTANTS  
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**RETIRED STATUS REQUEST FORM**

In accordance with ARM 24.201.535, I hereby state that I am fully retired from active employment, and I hereby request that my license or certificate be placed on retired status, with retention of certificate and exemption from payment of annual renewal fees.

LPA License # \_\_\_\_\_

CPA Certificate # \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR BOARD USE ONLY**

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_ REASON: \_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ CHAIR: \_\_\_\_\_